

Official Form 1 (4/07)

United States Bankruptcy Court  
Northern District of Illinois

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): <b>Schneemilch, Rita</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): <b>xxx-xx-9706</b>	Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): <b>14441 S. Pine Grove Homer Glen, IL</b> <div>ZIP Code <b>60491</b></div>	Street Address of Joint Debtor (No. and Street, City, and State): <div>ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Will</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div>ZIP Code</div>	Mailing Address of Joint Debtor (if different from street address): <div>ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):	

<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
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<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table><tr><td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1000-5,000</td><td>5001-10,000</td><td>10,001-25,000</td><td>25,001-50,000</td><td>100,001-100,000</td><td>OVER 100,000</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		1-49	50-99	100-199	200-999	1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49		50-99	100-199	200-999	1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000											
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Estimated Assets <table><tr><td><input type="checkbox"/> \$0 to \$10,000</td><td><input type="checkbox"/> \$10,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$100 million</td><td><input type="checkbox"/> More than \$100 million</td></tr></table>	<input type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																
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Estimated Liabilities <table><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$100 million</td><td><input type="checkbox"/> More than \$100 million</td></tr></table>	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																	

Official Form 1 (4/07)

FORM B1, Page 2

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Schneemilch, Rita</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> <b>/s/ Richard L. Hirsh</b>                      Signature of Attorney for Debtor(s)  <b>Richard L. Hirsh 1225936</b> </div> <div style="text-align: right;"> <b>August 16, 2007</b>                      (Date)                 </div> </div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="margin-left: 40px;">                 _____                  (Name of landlord that obtained judgment)             </div>  <div style="margin-left: 40px;">                 _____                  (Address of landlord)             </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

Official Form 1 (4/07)

FORM B1, Page 3

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Schneemilch, Rita**

### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Rita Schneemilch  
Signature of Debtor **Rita Schneemilch**

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

**August 16, 2007**  
Date

#### Signature of Attorney

**X** /s/ Richard L. Hirsh  
Signature of Attorney for Debtor(s)

**Richard L. Hirsh 1225936**  
Printed Name of Attorney for Debtor(s)

**Richard L. Hirsh & Associates, P.C.**  
Firm Name

**1500 Eisenhower Lane**  
**Suite 800**  
**Lisle, IL 60532-2135**

\_\_\_\_\_  
Address

**Email: richala@sbcglobal.net**  
**630 434-2600 Fax: 630 434-2626**

\_\_\_\_\_  
Telephone Number

**August 16, 2007**  
Date

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_\_  
Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

Official Form 1, Exhibit D (10/06)

**United States Bankruptcy Court  
Northern District of Illinois**

In re Rita Schneemilch

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

**Official Form 1, Exh. D (10/06) - Cont.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Rita Schneemilch  
Rita Schneemilch

Date: August 16, 2007

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Rita Schneemilch**,  
Debtor

Case No. \_\_\_\_\_

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>369,000.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>16,898.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>329,261.31</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>20</b>		<b>352,782.99</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>1,371.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>1,288.00</b>
Total Number of Sheets of ALL Schedules		<b>31</b>			
Total Assets			<b>385,898.00</b>		
Total Liabilities				<b>682,044.30</b>	

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Rita Schneemilch**,  
Debtor

Case No. \_\_\_\_\_

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
<b>TOTAL</b>	<b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>1,371.00</b>
Average Expenses (from Schedule J, Line 18)	<b>1,288.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>0.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>352,782.99</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>352,782.99</b>

Form B6A  
(10/05)

In re Rita Schneemilch, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
106 W. Illinois Street, Wheaton, IL 60187	Fee simple	-	369,000.00	Unknown

Sub-Total > **369,000.00** (Total of this page)

Total > **369,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



Form B6B  
(10/05)

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

## SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Hinsdale Bank &amp; Trust in Hinsdale, IL. Checking Acct.# 0250030179</b>	-	<b>325.00</b>
		<b>Harris Bank in Homer Glen, IL. Checking Acct.# 4801170455</b>	-	<b>1,271.00</b>
		<b>Hinsdale Bank &amp; Trust in Hinsdale, IL. Savings Acct.# 0230007503</b>	-	<b>89.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Casual attire. 14441 S. Pine Grove, Homer Glen IL</b>	-	<b>400.00</b>
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **2,085.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

Form B6B  
(10/05)

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE B. PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>IRA-Citizen's National Bank, 606 Main Street, Princeton, IL 61356. Acct# 89577</b>	-	<b>3,178.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>100% shares in Rita Schneemilch DDS, PC. assets are at 106 W. Illinois -- dental/office equipment</b>	-	<b>10,000.00</b>
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **13,178.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

Form B6B  
(10/05)

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE B. PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1989 Mercedes Benz 190E, miles 200,000.00. 14441 S. Pine Grove, Homer Glen IL</b>	<b>-</b>	<b>635.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Office equipment, 106 W. Illinois St., Wheaton, IL 60187</b>	<b>-</b>	<b>1,000.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **1,635.00**  
(Total of this page)  
Total > **16,898.00**

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Form B6C  
(4/07)

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

## SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- ☐ 11 U.S.C. §522(b)(2)  
☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b><u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u></b>			
Harris Bank in Homer Glen, IL. Checking Acct.# 4801170455	735 ILCS 5/12-1001(g)(1)	1,100.00	1,271.00
<b><u>Wearing Apparel</u></b>			
Casual attire. 14441 S. Pine Grove, Homer Glen IL	735 ILCS 5/12-1001(a)	400.00	400.00
<b><u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u></b>			
IRA-Citizen's National Bank, 606 Main Street, Princeton, IL 61356. Acct# 89577	735 ILCS 5/12-1006	3,178.00	3,178.00
<b><u>Automobiles, Trucks, Trailers, and Other Vehicles</u></b>			
1989 Mercedes Benz 190E, miles 200,000.00. 14441 S. Pine Grove, Homer Glen IL	735 ILCS 5/12-1001(c)	635.00	635.00

Total: **5,313.00** **5,484.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

Official Form 6D (10/06)

In re **Rita Schneemilch**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O D E B T O R	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Husband, Wife, Joint, or Community							
Account No.		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
<b>Alpine Investments unknown</b>	-	<b>11-21-05</b>  <b>Certificate of Sale -- tax sale</b>  <b>106 W. Illinois Street, Wheaton, IL 60187</b>						<b>Unknown</b>	<b>Unknown</b>
Value \$		369,000.00							
<b>Account No. 3073000385</b>	-	<b>7/14/04</b>  <b>Mortgage</b>  <b>106 W. Illinois Street, Wheaton, IL 60187</b>						<b>322,735.00</b>	<b>0.00</b>
Value \$		369,000.00							
<b>Account No. 05-16-329-005</b>	-	<b>2005</b>  <b>Real Estate Taxes</b>  <b>106 W. Illinois Street, Wheaton, IL 60187</b>						<b>6,526.31</b>	<b>0.00</b>
Value \$		369,000.00							
<b>Account No.</b>									
Value \$									
Subtotal (Total of this page)								<b>329,261.31</b>	<b>0.00</b>
Total (Report on Summary of Schedules)								<b>329,261.31</b>	<b>0.00</b>

0 continuation sheets attached

In re **Rita Schneemilch**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trust or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Official Form 6F (10/06)

In re **Rita Schneemilch**, Debtor Case No. \_\_\_\_\_

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. <b>xx5979; Xxxx1992</b>  <b>Anderson Medical Centers</b> <b>c/o I.C. System</b> <b>P.O. Box 64378</b> <b>Saint Paul, MN 55164</b>		-	<b>12/07/06</b> <b>medical bills</b>				<b>1,088.00</b>
Account No.  <b>Representing:</b> <b>Anderson Medical Centers</b>			<b>Anderson Mecial Centers</b> <b>609 Academy Drive</b> <b>Northbrook, IL 60062</b>				
Account No.  <b>Representing:</b> <b>Anderson Medical Centers</b>			<b>Anderson Medical Centers</b> <b>c/o Jolas &amp; Associates</b> <b>202 First Street</b> <b>Mason City, IA 50401</b>				
Account No.  <b>Representing:</b> <b>Anderson Medical Centers</b>			<b>Anderson Medical Centers LLC</b> <b>1065 E. Lake Cook Road</b> <b>Wheeling, IL 60090</b>				
Subtotal (Total of this page)							<b>1,088.00</b>

19 continuation sheets attached

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			<b>I.C. System, Inc.</b>				
<b>Representing: Anderson Medical Centers</b>			<b>444 Highway 96 East Box 64378 Saint Paul, MN 55164-8029</b>				
Account No. <b>fxxxxx9903</b>			<b>6/07 MEDICAL SERVICES</b>				<b>619.00</b>
<b>Associated Radiologists of Joliet 39069 Treasury Center 60694</b>	-						
Account No. <b>4888-9369-9699-8583</b>			<b>2006 Credit card purchases plus accrued interest</b>				<b>9,743.15</b>
<b>Bank of America P.O. Box 15726 Wilmington, DE 19886</b>	-						
Account No.			<b>Bank of America c/o Frederick J. Hanna &amp; Associates 1655 Enterprise Way Marietta, GA 30067</b>				
<b>Representing: Bank of America</b>							
Account No.			<b>Bank Of America P.O. Box 1598 Norfolk, VA 23501</b>				
<b>Representing: Bank of America</b>							
Sheet no. <u>1</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal (Total of this page)</b>
							<b>10,362.15</b>



Official Form 6F (10/06) - Cont.

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>Representing: Bank of America</b>		<b>Bank of America P.O. Box 15027 Wilmington, DE 19850-5027</b>				
Account No. <b>4888-9361-0500-2160</b> <b>Bank of America P.O. Box 15726 Wilmington, DE 19886</b>		<b>2005 Credit card purchases plus accrued interest</b>				<b>12,011.37</b>
Account No. <b>Representing: Bank of America</b>		<b>Bank of America c/o Associated Recovery Systems P.O. Box 469046 Escondido, CA 92046-9046</b>				
Account No. <b>Representing: Bank of America</b>		<b>Bank of America c/o Associated Recovery Systems P.O. Box 469047 Escondido, CA 92046-9047</b>				
Account No. <b>Representing: Bank of America</b>		<b>Bank Of America P.O. Box 1598 Norfolk, VA 23501</b>				
Sheet no. <u>2</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>12,011.37</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>4802-1323-4597-1181</b>  <b>Capital One</b> <b>P.O. Box 790217</b> <b>Saint Louis, MO 63179-0217</b>	-	<b>2006</b> <b>Credit card purchases plus accrued interest</b>				<b>9,291.99</b>
Account No.  <b>Representing:</b> <b>Capital One</b>		<b>Capital One</b> <b>c/o Allianceone Receivables</b> <b>Managem</b> <b>P.O. Box 211128</b> <b>Eagan, MN 55121-1128</b>				
Account No.  <b>Representing:</b> <b>Capital One</b>		<b>Capital One</b> <b>Attention: Payments</b> <b>P.O. Box 85015</b> <b>Richmond, VA 23276</b>				
Account No.  <b>Representing:</b> <b>Capital One</b>		<b>Capital One</b> <b>P.O. Box 30285</b> <b>Salt Lake City, UT 84130-0285</b>				
Account No. <b>1806385;4210368;4278568-001</b>  <b>Central DuPage Hospital</b> <b>0N025 Winfield Road</b> <b>Winfield, IL 60190-1295</b>	-	<b>2005</b> <b>medical bills</b>				<b>6,919.59</b>
Sheet no. <u>3</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>16,211.58</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Central DuPage Hospital P.O. Box 4698 Carol Stream, IL 60197-4698				
Representing: Central DuPage Hospital							
Account No.			Revenue Production Management, Inc. P.O. Box 830913 Birmingham, AL 35283-0913				
Representing: Central DuPage Hospital							
Account No.			Revenue Production Management, Inc. P.O. Box 925 Rosemont, IL 60018-0925				
Representing: Central DuPage Hospital							
Account No. 07SC3617			2005 Judgment				3,490.00
Claudia Salce 200 N. River Lane Unit 31- Geneva, IL 60134		-					
Account No. xxxxxxxx1902			8/20/03 Credit card purchases plus accrued interest				459.00
Discover P.O. Box 15316 Wilmington, DE 19850		-					
Sheet no. 4 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			3,949.00

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					
Account No. <b>Representing: Discover</b>		<b>Discover Card P.O. Box 30395 Salt Lake City, UT 84130-0395</b>					
Account No. <b>Representing: Discover</b>		<b>Discover Financial 8475 Sandy Parkway Sandy, UT 84070-6414</b>					
Account No. <b>xxxxxx3741</b> <b>DuPage Medical Group c/o Merchants Credit 223 W. Jackson St., Suite 900 Chicago, IL 60606</b>	-	<b>6/01/06 medical bills</b>				<b>315.00</b>	
Account No. <b>Representing: DuPage Medical Group</b>		<b>DuPage Medical Group 1860 Paysphere Circle Chicago, IL 60674</b>					
Account No. <b>Representing: DuPage Medical Group</b>		<b>DuPage Medical Group 1100 W. 31st St., Suite 400 Downers Grove, IL 60515</b>					
Sheet no. <u>5</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>	<b>315.00</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>02404007014</b>  <b>Dupage Pathology</b> <b>333 Chestnut Street</b> <b>Hinsdale, IL 60521</b>		-	<b>6/25/07</b> <b>medical bills</b>				<b>Unknown</b>
Account No. <b>EP650008467-497593;A0192394AAC</b>  <b>ENH Faculty Practice Associates</b> <b>9532 Eagle Way</b> <b>Chicago, IL 60678-1095</b>		-	<b>2005</b> <b>medical bills</b>				<b>4,000.00</b>
Account No.  <b>Representing:</b> <b>ENH Faculty Practice Associates</b>			<b>ENH Medical Group/ENH Pathol-C</b> <b>ENH 23159 Network Place</b> <b>Chicago, IL 60673-1231</b>				
Account No.  <b>Representing:</b> <b>ENH Faculty Practice Associates</b>			<b>OSI Collection Services, Inc.</b> <b>1375 E. Wppdfield Rd., Suite 110</b> <b>Schaumburg, IL 60173-5447</b>				
Account No. <b>02404007014</b>  <b>ENT Surgucal Consultants</b> <b>1200 Maple Road</b> <b>Joliet, IL 60432</b>		-	<b>6/25/07</b> <b>medical bills</b>				<b>191.00</b>
Sheet no. <u>6</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page) <b>4,191.00</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>Representing: ENT Surgucal Consultants</b>		<b>ENT Surgical Consultants 2201 Glenwood Avenue Joliet, IL 60435</b>				
Account No. <b>201248374-5212</b> <b>Evanston Northwestern Healthcare 23056 Network Place Chicago, IL 60673-1230</b>	-	<b>2005 medical bills</b>				<b>50,000.00</b>
Account No. <b>Representing: Evanston Northwestern Healthcare</b>		<b>Evanaston Northwestern Healthcare c/o Great Lakes Financial Services 322 S. Green, Suite 504 Chicago, IL 60607</b>				
Account No. <b>Representing: Evanston Northwestern Healthcare</b>		<b>Evanston Northwestern Healthcare P.O. Box 77-9730 Chicago, IL 60678-9730</b>				
Account No. <b>Representing: Evanston Northwestern Healthcare</b>		<b>Evanston Northwestern Healthcare c/o Pinnacle Management Services 514 Market Loop, Suite 103 West Dundee, IL 60118</b>				
Sheet no. <u>7</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>50,000.00</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>8722594</b>  <b>Evanston Northwestern Healthcare</b> <b>23056 Network Place</b> <b>Chicago, IL 60673-1230</b>	-	<b>2005</b> <b>medical bills</b>				<b>1,086.00</b>
Account No.  <b>Representing:</b> <b>Evanston Northwestern Healthcare</b>		<b>ENH</b> <b>c/o ICS</b> <b>P.O. Box 646</b> <b>Oak Lawn, IL 60454-0646</b>				
Account No.  <b>Representing:</b> <b>Evanston Northwestern Healthcare</b>		<b>Evanston Northwestern Healthcare</b> <b>P.O. Box 77-9730</b> <b>Chicago, IL 60678-9730</b>				
Account No.  <b>Fischer Mangold</b> <b>25259 S. reed Street</b> <b>Channahon, IL 60410</b>	-	<b>claim of Pathology Laboratory Consultants ref</b> <b>#02404007014 and other claims</b>				<b>Unknown</b>
Account No. <b>xxxxxxAx5786</b>  <b>Guardian Protection Services</b> <b>c/o National Asset &amp; Risk</b> <b>400 Rouser Rd., Suite 202</b> <b>Coraopolis, PA 15108</b>	-	<b>5/03/07</b> <b>Corporate Debt for Dr. Rita Schneemilch DDS</b> <b>PC</b>			<b>X</b>	<b>2,571.37</b>
Sheet no. <u>8</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>3,657.37</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>Representing: Guardian Protection Services</b>		<b>Guardian Protectin Services P.O. Box 747003 Pittsburgh, PA 15274-7003</b>				
Account No. <b>Representing: Guardian Protection Services</b>		<b>Guardian Protection Services 174 Thorn Hill Road Warrendale, PA 15086</b>				
Account No. <b>Representing: Guardian Protection Services</b>		<b>Guardian Protection Services c/o Recovery &amp; Collection P.O. Box 840 Moon Twp, PA 15108</b>				
Account No. <b>Representing: Guardian Protection Services</b>		<b>Kennedy Sarcone &amp; Manuelidis 400 Rouser Rd Coraopolis, PA 15108</b>				
Account No. <b>6007279;9448;19731;08-07193035</b> <b>Hinsdale Hospital 911 N. Elm Street, Suite 215 Hinsdale, IL 60521-3641</b>		<b>2005 medical bills</b>  -				<b>1,480.50</b>
Sheet no. <u>9</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page) 1,480.50</b>



Official Form 6F (10/06) - Cont.

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>Representing: Hinsdale Hospital</b>		<b>Adventist Hinsdale Hospital P.O. Box 9247 Oak Brook, IL 60522-9247</b>				
Account No. <b>Representing: Hinsdale Hospital</b>		<b>Hinsdale Hospital c/o Malcolm S. Gerald &amp; Associates 332 S. Michigan Ave., Suite 600 Chicago, IL 60604</b>				
Account No. <b>Representing: Hinsdale Hospital</b>		<b>Hinsdale Hospital c/o Merchant's Credit Guide Company 223 W. Jackson Blvd Chicago, IL 60606</b>				
Account No. <b>xxxxxxxx6952</b> <b>Kohls/Chase N56 W 17000 Ridgewood Drive Menomonee Falls, WI 53051</b>	<b>X -</b>	<b>3/28/03 Credit card purchases plus accrued interest</b>				<b>427.00</b>
Account No. <b>Representing: Kohls/Chase</b>		<b>Chase C/O Collections Suport P.O. Box 71; AZ1-2516 Phoenix, AZ 85001</b>				
Sheet no. <u>10</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page) 427.00</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>Representing:</b> <b>Kohls/Chase</b>		<b>Chase</b> <b>P.O. Box 15153</b> <b>Wilmington, DE 19886-5153</b>				
Account No. <b>Representing:</b> <b>Kohls/Chase</b>		<b>Kohl's Payment Center</b> <b>P.O. Box 2983</b> <b>Milwaukee, WI 53201-2983</b>				
Account No. <b>1-1826098-9001</b> <b>MBNA Bank of America</b> <b>P.O. Box 17054</b> <b>Wilmington, DE 19884</b>		<b>2006</b> <b>Credit card purchases plus accrued interest</b>  <b>-</b>				<b>21,636.80</b>
Account No. <b>Representing:</b> <b>MBNA Bank of America</b>		<b>MBNA America</b> <b>P.O. Box 809251</b> <b>Chicago, IL 60680-9251</b>				
Account No. <b>Representing:</b> <b>MBNA Bank of America</b>		<b>MBNA Bank of America</b> <b>P.O. Box 15019</b> <b>Wilmington, DE 19850-5019</b>				
Sheet no. <u>11</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>21,636.80</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>122128</b>  <b>Medical Services</b> <b>36912 Eagle Way</b> <b>Chicago, IL 60678-1369</b>	-	<b>2005</b> <b>medical bills</b>				<b>450.00</b>
Account No. <b>SCHNEER572JMM;288;132;S654</b>  <b>Mulherin, Rehfeldt &amp; Varchetto</b> <b>211 S. Wheaton Ave., Suite 200</b> <b>Wheaton, IL 60187</b>	-	<b>2005</b> <b>Legal Services</b>				<b>9,739.00</b>
Account No. <b>x4746</b>  <b>Nicor Gas</b> <b>1844 Ferry Road</b> <b>Naperville, IL 60563</b>	-	<b>8/01/02</b> <b>Utilities</b>				<b>27.00</b>
Account No.  <b>Representing:</b> <b>Nicor Gas</b>		<b>Nicor</b> <b>P.O. Box 416</b> <b>Aurora, IL 60568-0001</b>				
Account No.  <b>Representing:</b> <b>Nicor Gas</b>		<b>Nicor Gas</b> <b>P.O. Box 310</b> <b>Aurora, IL 60507-0310</b>				
Sheet no. <u>12</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>10,216.00</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>0204007014</b>  <b>Northeast Nephrology</b> <b>1300 Copperfield Avenue</b> <b>Joliet, IL 60432</b>	-	<b>6/27/07</b> <b>medical bills</b>				<b>355.00</b>
Account No. <b>117; IJ6483001</b>  <b>Northwest Homer FPD</b> <b>16152 W. 143rd Street</b> <b>Lockport, IL 60491-8595</b>	-	<b>2006 &amp; 2007</b> <b>medical bills</b>				<b>875.00</b>
Account No. <b>x-xx862.0</b>  <b>Palos Emergency Medical Services</b> <b>c/o Merchants' Credit Guide Co</b> <b>223 W. Jackson St., Suite 900</b> <b>Chicago, IL 60606</b>	-	<b>5/01/06</b> <b>medical bills</b>				<b>560.00</b>
Account No.  <b>Representing:</b> <b>Palos Emergency Medical Services</b>		<b>Palos Emergency Med Services</b> <b>9944 S. Roberts Rd, Suite 204</b> <b>Palos Hills, IL 60465</b>				
Account No. <b>H111464343-H000015776</b>  <b>Palos Hospital</b> <b>12251 S. 80th Avenue</b> <b>Palos Heights, IL 60463</b>	-	<b>2005</b> <b>medical bills</b>				<b>2,400.00</b>
Sheet no. <u>13</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>4,190.00</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Palos Community Hospital c/o Harris & Harris, Ltd 600 W. Jackson Blvd., Suite 400 Chicago, IL 60661				
Representing: Palos Hospital							
Account No. 141-1-0000407044			2005 medical bills				27.00
Palos Pathology Assocaites, Ltd. 520 E. 22nd Street Lombard, IL 60148		-					
Account No. 4417			2005 Corporate Debt for Dr. Rita Schneemilch DDS PC			X	10,201.82
Professional Practice Consultants, 1515 W. 22nd St., Suite 850 Oak Brook, IL 60523		-					
Account No. x2145			Opened 9/05/06 Last Active 10/01/06 medical bills				159.00
Progressive Eye Care c/o Keynote Consulting 220 W.Campus Dr., Suite 102 Arlington Heights, IL 60004		-					
Account No.			Progressive Eye Care 1020 E. Ogden Avenue Naperville, IL 60563				
Representing: Progressive Eye Care							
Sheet no. 14 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)		10,387.82	

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>H000015776;H000560002</b>		<b>2005</b>				
<b>Radiology &amp; Nuclear Cons</b> <b>7808 College Drive</b> <b>Palos Heights, IL 60463</b>	-	<b>medical bills</b>				<b>129.00</b>
Account No.		<b>Radiology &amp; Nuclear Cons</b>				
<b>Representing:</b> <b>Radiology &amp; Nuclear Cons</b>		<b>c/o Harris &amp; Harris, Ltd.</b> <b>600 W. Jackson Blvd., Suite 400</b> <b>Chicago, IL 60661</b>				
Account No.		<b>claim for refund of dental fees paid</b>				
<b>Raymond Lutz</b> <b>607 Deerpath</b> <b>Lake Villa, IL 60046</b>	-			<b>X</b>		<b>3,000.00</b>
Account No. <b>xxx5307;xxx3333;xx2128;xxx5314</b>		<b>7/01/06</b>				
<b>Rehabilitaion Institute of Chicago</b> <b>c/o Pellettieri</b> <b>991 Oak Creek Drive</b> <b>Lombard, IL 60148</b>	-	<b>medical bills</b>				<b>13,360.04</b>
Account No.		<b>Rehabilitaion Institute of Chicago</b>				
<b>Representing:</b> <b>Rehabilitaion Institute of Chicago</b>		<b>c/o Harris &amp; Harris, Ltd.</b> <b>600 W. Jackson Blvd., Suite 400</b> <b>Chicago, IL 60661</b>				
Sheet no. <u>15</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>16,489.04</b>

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Rehabilitation Institute of Chicago 326 W. Illinois Street Chicago, IL 60610				
Representing: Rehabilitaion Institute of Chicago							
Account No.			Rehabilitation Institute of Chicago 345 E. Superior #1146 Chicago, IL 60611				
Representing: Rehabilitaion Institute of Chicago							
Account No.			2002 gift to debtor			X	98,000.00
Robert S. Sprinkle c/o John Galich 14535 John Humphrey Drive Orland Park, IL 60462	-						
Account No.			Steven Sprinkle 11916 Southwest Highway Palos Park, IL				
Representing: Robert S. Sprinkle							
Account No.			2002 - 2003 personal loan				60,000.00
Russell Davis PM 1040 8533 Church Ranch lvd Westminster, CO 80021	-						
Sheet no. <u>16</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			158,000.00

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>680110329504</b>		<b>6/24/07</b>				<b>15,133.40</b>
<b>Silver Cross Hospital c/o Fischer Mangold 25259 S. Reed Street Channahon, IL 60410</b>	-	<b>medical bills</b>				
Account No.		<b>Midwest Nat. Life Claim Department1 9151 Boulevard 26 P.O. Box 982017 North Richland Hills, TX 76182-8017</b>				
<b>Representing: Silver Cross Hospital</b>						
Account No.		<b>Silver Cross Hospital 25259 S. Reed Street Channahon, IL 60410</b>				
<b>Representing: Silver Cross Hospital</b>						
Account No.		<b>meidcal services</b>				<b>Unknown</b>
<b>Southwest Cardiovascular c/o MidAmerica Cardiovascular 18200 S. Lagrange Rd. Tinley Park, IL 60477</b>	-					
Account No. <b>SCHNEE0000</b>		<b>7/31/06</b>				<b>68.00</b>
<b>Southwest Neurological Consultants c/o I.C. System P.O. Box 64378 Saint Paul, MN 55164</b>	-	<b>medical bills</b>				
Sheet no. <u>17</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>15,201.40</b>



Official Form 6F (10/06) - Cont.

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Southwest Neurological Consultants 7350 College Drive, Suite 103 Palos Heights, IL 60463				
Representing: Southwest Neurological Consultants							
Account No.			4/2005 deficiency on auto loan				11,155.00
State Farm Financial Services 3 State Farm Plaza Bloomington, IL 61710	X	-					
Account No. 76-7611647			2005 medical bills				110.00
Suburban Radiologists, S.C. 1446 Momentum Place Chicago, IL 60689-5314		-					
Account No. 3-714127			2005 medical bills				702.00
Univ of Chicago Physicians Group 75 Remittance Dr., Suite 1385 Chicago, IL 60675-1385		-					
Account No.			Univ of Chicago Physicians Group c/o ICS P.O. Box 646 Oak Lawn, IL 60454-0646				
Representing: Univ of Chicago Physicians Group							
Sheet no. 18 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			11,967.00

Official Form 6F (10/06) - Cont.

In re Rita Schneemilch Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>723085</b>  <b>Zahn Dental Company, Inc.</b> <b>135 Duryea Road</b> <b>Melville, NY 11747-3824</b>		<b>2006</b> <b>Corporate Debt for Dr. Rita Schneemilch DDS</b> <b>PC</b>  -			<b>X</b>	<b>1,001.96</b>
Account No.  <b>Representing:</b> <b>Zahn Dental Company, Inc.</b>		<b>Henry Schein, Inc.</b> <b>Dept. CH 10241</b> <b>Palatine, IL 60055-0241</b>				
Account No.  <b>Representing:</b> <b>Zahn Dental Company, Inc.</b>		<b>Henry Schein, Inc.</b> <b>c/o Allen, Maxwell &amp; Silver, Inc.</b> <b>190 Sylvan Avenue</b> <b>Englewood Cliffs, NJ 07632</b>				
Account No.						
Account No.						
Sheet no. <u>19</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,001.96</b>
						Total (Report on Summary of Schedules)
						<b>352,782.99</b>

Form B6G  
(10/05)

In re Rita Schneemilch, Debtor Case No. \_\_\_\_\_

## SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>Guardian Protection Services 174 Thorn Hill Road Warrendale, PA 15086</b>	<b>alarm system at 106 West Illinois, Wheaton IL</b>

0 continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

Form B6H  
(10/05)

In re Rita Schneemilch, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Roy Bickley</b> <b>104 W. Illinois Street</b> <b>Wheaton, IL 60187</b> <b>co-signer</b>	<b>State Farm Financial Services</b> <b>3 State Farm Plaza</b> <b>Bloomington, IL 61710</b>
<b>Roy bickley</b>	<b>Kohls/Chase</b> <b>N56 W 17000 Ridgewood Drive</b> <b>Menomonee Falls, WI 53051</b>

0 continuation sheets attached to Schedule of Codebtors

In re **Rita Schneemilch**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Divorced</b>	RELATIONSHIP(S): <b>None.</b>	AGE(S):
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Disabled</b>	
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

## 3. SUBTOTAL

## 4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security  
b. Insurance  
c. Union dues  
d. Other (Specify): \_\_\_\_\_

\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

## 5. SUBTOTAL OF PAYROLL DEDUCTIONS

## 6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

## 7. Regular income from operation of business or profession or farm (Attach detailed statement)

## 8. Income from real property

## 9. Interest and dividends

## 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

## 11. Social security or government assistance

(Specify): **Social Security Disability**

\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

## 12. Pension or retirement income

## 13. Other monthly income

(Specify): \_\_\_\_\_

\$ <b>1,371.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

## 14. SUBTOTAL OF LINES 7 THROUGH 13

## 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>1,371.00</b>	\$ <b>N/A</b>
\$ <b>1,371.00</b>	\$ <b>N/A</b>

## 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ <b>1,371.00</b>
--------------------

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

## 17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re Rita Schneemilch

Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	<u>0.00</u>
a. Are real estate taxes included?	Yes <u>    </u> No <u>X</u>		
b. Is property insurance included?	Yes <u>    </u> No <u>X</u>		
2. Utilities:		\$	<u>30.00</u>
a. Electricity and heating fuel		\$	<u>0.00</u>
b. Water and sewer		\$	<u>60.00</u>
c. Telephone		\$	<u>0.00</u>
d. Other _____		\$	<u>0.00</u>
3. Home maintenance (repairs and upkeep)		\$	<u>0.00</u>
4. Food		\$	<u>300.00</u>
5. Clothing		\$	<u>50.00</u>
6. Laundry and dry cleaning		\$	<u>20.00</u>
7. Medical and dental expenses		\$	<u>350.00</u>
8. Transportation (not including car payments)		\$	<u>0.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<u>0.00</u>
10. Charitable contributions		\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)			
a. Homeowner's or renter's		\$	<u>0.00</u>
b. Life		\$	<u>0.00</u>
c. Health		\$	<u>228.00</u>
d. Auto		\$	<u>0.00</u>
e. Other _____		\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)			
(Specify) _____		\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)			
a. Auto		\$	<u>0.00</u>
b. Other _____		\$	<u>0.00</u>
c. Other _____		\$	<u>0.00</u>
d. Other _____		\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others		\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home		\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<u>0.00</u>
17. Other <u>personal grooming</u>		\$	<u>150.00</u>
Other <u>contribution to sister's household</u>		\$	<u>100.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	<u>1,288.00</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:			

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I	\$	<u>1,371.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>1,288.00</u>
c. Monthly net income (a. minus b.)	\$	<u>83.00</u>

Official Form 6-Declaration. (10/06)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Rita Schneemilch**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **33** sheets *[total shown on summary page plus 2]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date **August 16, 2007**

Signature **/s/ Rita Schneemilch**  
**Rita Schneemilch**  
Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

Official Form 7  
(04/07)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Rita Schneemilch**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$0.00</b>	<b>Disabled, 2007</b>
<b>\$0.00</b>	<b>Disabled, 2006</b>
<b>\$18,000.00</b>	<b>Dental practice, January 1, 2005 - December 31, 2005</b>
<b>\$-24,744.00</b>	<b>Dental Practice, January 1, 2004 - December 31, 2004.</b>



**2. Income other than from employment or operation of business**

None

☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
\$16,452.00  
\$10,968.00

SOURCE  
**2006 Social Security disability \$1371/mon**  
**2007 social security disability YTD**

**3. Payments to creditors**

None

☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None

☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None

☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None

☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Robert S. Sprinkle, Plaintiff v. Rita Schneemilch, Defendant. Case No	Judgment on Count I and Count II	Circuit Court of Cook County Law Division	Pending
Claudia Salce, Plaintiff, v. Dr. Rita Schneemilch, Defendant. Case No. 07SC3617	Judgment	Eighteenth Judicial Circuit Court, County of DuPage	Judgment entered \$3490
State Farm v. Schneemilch 06 AR 2151	judgment	unknown	judgment

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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#### 6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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#### 7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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#### 8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Richard L. Hirsh &amp; Assoc. P.C. 1500 Eisenhower Lane Suite 800 Lisle, IL 60532-2135</b>	<b>12/11/06</b>	<b>\$3,000.00</b>

**10. Other transfers**

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
<b>Louise Sobut 404 66th St Downers Grove, IL Mother</b>	<b>12/15/05</b>	<b>Florida property Quit Claim 0.00</b>
<b>Christine Lemus 647 Lapaloma Drive Key Largo, FL</b>	<b>11/2005</b>	<b>Home in Key Largo \$715,000</b>
<b>Todd &amp; Jen Boatman 222 W. Illinois Street Wheaton, IL 60187 none</b>	<b>2/5/06</b>	<b>Home at 222 W. Illinois, Wheaton, \$335,000; no net proceeds</b>

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
222 W. Illinois Street Wheaton, IL 60187	Rita Schneemilch	7/2004-8/2005

**16. Spouses and Former Spouses**

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

### 18 . Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Rita Schneemilch DDS, PC	32-0061503	106 W. Illinois Street Wheaton, IL 60187	Dental Practice	2/5/2003-7/31/05

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

**19. Books, records and financial statements**

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS  
**Walter Sobut**  
**Downers Grove, IL 60515**  
**Luke McGuire**  
**14441 S. Pine Grove Drive**  
**Homer Glen, IL 60491**

DATES SERVICES RENDERED  
**2005 - 2007**  
**2007**

- None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
------	---------

- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

**20. Inventories**

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	---

**21 . Current Partners, Officers, Directors and Shareholders**

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

- None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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**22 . Former partners, officers, directors and shareholders**

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

**23 . Withdrawals from a partnership or distributions by a corporation**

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	-----------------------------------	--

**24. Tax Consolidation Group.**

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date August 16, 2007 Signature /s/ Rita Schneemilch  
Rita Schneemilch  
Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

Form 8  
(10/05)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Rita Schneemilch**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<b>106 W. Illinois Street, Wheaton, IL 60187</b>	<b>Alpine Investments</b>	<b>X</b>			
<b>106 W. Illinois Street, Wheaton, IL 60187</b>	<b>Citizens First National Bank</b>	<b>X</b>			
<b>106 W. Illinois Street, Wheaton, IL 60187</b>	<b>DuPage County Collector</b>	<b>X</b>			

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
<b>-NONE-</b>		

Date **August 16, 2007**

Signature **/s/ Rita Schneemilch**  
**Rita Schneemilch**  
Debtor



Document Page 49 of 62  
**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Rita Schneemilch

Debtor(s)

Case No.

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>3,000.00</u>
Prior to the filing of this statement I have received.....	\$	<u>3,000.00</u>
Balance Due.....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, trial of contested matters, or any other adversary proceeding**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: August 16, 2007

/s/ Richard L. Hirsh

**Richard L. Hirsh 1225936**  
**Richard L. Hirsh & Associates, P.C.**  
**1500 Eisenhower Lane**  
**Suite 800**  
**Lisle, IL 60532-2135**  
**630 434-2600 Fax: 630 434-2626**  
**richala@sbcglobal.net**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

**Richard L. Hirsh 1225936**

Printed Name of Attorney

Address:

**1500 Eisenhower Lane**

**Suite 800**

**Lisle, IL 60532-2135**

**630 434-2600**

X **/s/ Richard L. Hirsh**

Signature of Attorney

**August 16, 2007**

Date

**Certificate of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Rita Schneemilch**

Printed Name(s) of Debtor(s)

X **/s/ Rita Schneemilch**

Signature of Debtor

**August 16, 2007**

Date

Case No. (if known) \_\_\_\_\_

X \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Rita Schneemilch**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **98**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **August 16, 2007**

**/s/ Rita Schneemilch**

**Rita Schneemilch**

Signature of Debtor

Adventist Hinsdale Hospital  
P.O. Box 9247  
Oak Brook, IL 60522-9247

Alpine Investments  
unknown

Anderson Mecial Centers  
609 Academy Drive  
Northbrook, IL 60062

Anderson Medical Centers  
c/o I.C. System  
P.O. Box 64378  
Saint Paul, MN 55164

Anderson Medical Centers  
c/o Jolas & Associates  
202 First Street  
Mason City, IA 50401

Anderson Medical Centers LLC  
1065 E. Lake Cook Road  
Wheeling, IL 60090

Associated Radiologists of Joliet  
39069 Treasury Center  
60694

Bank of America  
P.O. Box 15726  
Wilmington, DE 19886

Bank of America  
c/o Frederick J. Hanna & Associates  
1655 Enterprise Way  
Marietta, GA 30067

Bank Of America  
P.O. Box 1598  
Norfolk, VA 23501

Bank of America  
P.O. Box 15027  
Wilmington, DE 19850-5027

Bank of America  
c/o Associated Recovery Systems  
P.O. Box 469046  
Escondido, CA 92046-9046

Bank of America  
c/o Associated Recovery Systems  
P.O. Box 469047  
Escondido, CA 92046-9047

Capital One  
P.O. Box 790217  
Saint Louis, MO 63179-0217

Capital One  
c/o Allianceone Receivables Managem  
P.O. Box 211128  
Eagan, MN 55121-1128

Capital One  
Attention: Payments  
P.O. Box 85015  
Richmond, VA 23276

Capital One  
P.O. Box 30285  
Salt Lake City, UT 84130-0285

Central DuPage Hospital  
0N025 Winfield Road  
Winfield, IL 60190-1295

Central DuPage Hospital  
P.O. Box 4698  
Carol Stream, IL 60197-4698

Chase  
C/O Collections Suport  
P.O. Box 71; AZ1-2516  
Phoenix, AZ 85001

Chase  
P.O. Box 15153  
Wilmington, DE 19886-5153

Citizens First National Bank  
606 S. Main Street  
Princeton, IL 61356

Claudia Salce  
200 N. River Lane  
Unit 31-  
Geneva, IL 60134

Discover  
P.O. Box 15316  
Wilmington, DE 19850

Discover Card  
P.O. Box 30395  
Salt Lake City, UT 84130-0395

Discover Financial  
8475 Sandy Parkway  
Sandy, UT 84070-6414

DuPage County Collector  
421 N. County Farm Road  
Wheaton, IL 60187

DuPage Medical Group  
c/o Merchants Credit  
223 W. Jackson St., Suite 900  
Chicago, IL 60606

DuPage Medical Group  
1860 Paysphere Circle  
Chicago, IL 60674

DuPage Medical Group  
1100 W. 31st St., Suite 400  
Downers Grove, IL 60515

Dupage Pathology  
333 Chestnut Street  
Hinsdale, IL 60521

ENH  
c/o ICS  
P.O. Box 646  
Oak Lawn, IL 60454-0646

ENH Faculty Practice Associates  
9532 Eagle Way  
Chicago, IL 60678-1095

ENH Medical Group/ENH Pathol-C  
ENH 23159 Network Place  
Chicago, IL 60673-1231

ENT Surgical Consultants  
2201 Glenwood Avenue  
Joliet, IL 60435

ENT Surgucal Consultants  
1200 Maple Road  
Joliet, IL 60432

Evanaston Northwestern Healthcare  
c/o Great Lakes Financial Services  
322 S. Green, Suite 504  
Chicago, IL 60607

Evanston Northwestern Healthcare  
23056 Network Place  
Chicago, IL 60673-1230

Evanston Northwestern Healthcare  
P.O. Box 77-9730  
Chicago, IL 60678-9730

Evanston Northwestern Healthcare  
c/o Pinnacle Management Services  
514 Market Loop, Suite 103  
West Dundee, IL 60118

Fischer Mangold  
25259 S. reed Street  
Channahon, IL 60410



Guardian Protectin Services  
P.O. Box 747003  
Pittsburgh, PA 15274-7003

Guardian Protection Services  
c/o National Asset & Risk  
400 Rouser Rd., Suite 202  
Coraopolis, PA 15108

Guardian Protection Services  
174 Thorn Hill Road  
Warrendale, PA 15086

Guardian Protection Services  
c/o Recovery & Collection  
P.O. Box 840  
Moon Twp, PA 15108

Henry Schein, Inc.  
Dept. CH 10241  
Palatine, IL 60055-0241

Henry Schein, Inc.  
c/o Allen, Maxwell & Silver, Inc.  
190 Sylvan Avenue  
Englewood Cliffs, NJ 07632

Hinsdale Hospital  
911 N. Elm Street, Suite 215  
Hinsdale, IL 60521-3641

Hinsdale Hospital  
c/o Malcolm S. Gerald & Assocaites  
332 S. Michigan Ave., Suite 600  
Chicago, IL 60604

Hinsdale Hospital  
c/o Merchant's Credit Guide Company  
223 W. Jackson Blvd  
Chicago, IL 60606

I.C. System, Inc.  
444 Highway 96 East Box 64378  
Saint Paul, MN 55164-8029

Kennedy Sarcone & Manuelidis  
400 Rouser Rd  
Coraopolis, PA 15108

Kohl's Payment Center  
P.O. Box 2983  
Milwaukee, WI 53201-2983

Kohls/Chase  
N56 W 17000 Ridgewood Drive  
Menomonee Falls, WI 53051

MBNA America  
P.O. Box 809251  
Chicago, IL 60680-9251

MBNA Bank of America  
P.O. Box 17054  
Wilmington, DE 19884

MBNA Bank of America  
P.O. Box 15019  
Wilmington, DE 19850-5019

Medical Services  
36912 Eagle Way  
Chicago, IL 60678-1369

Midwest Nat. Life Claim Department1  
9151 Boulevard 26  
P.O. Box 982017  
North Richland Hills, TX 76182-8017

Mulherin, Rehfeldt & Varchetto  
211 S. Wheaton Ave., Suite 200  
Wheaton, IL 60187

Nicor  
P.O. Box 416  
Aurora, IL 60568-0001

Nicor Gas  
1844 Ferry Road  
Naperville, IL 60563

Nicor Gas  
P.O. Box 310  
Aurora, IL 60507-0310

Northeast Nephrology  
1300 Copperfield Avenue  
Joliet, IL 60432

Northwest Homer FPD  
16152 W. 143rd Street  
Lockport, IL 60491-8595

OSI Collection Services, Inc.  
1375 E. Wppdfeld Rd., Suite 110  
Schaumburg, IL 60173-5447

Palos Community Hospital  
c/o Harris & Harris, Ltd  
600 W. Jackson Blvd., Suite 400  
Chicago, IL 60661

Palos Emergency Med Services  
9944 S. Roberts Rd, Suite 204  
Palos Hills, IL 60465

Palos Emergency Medical Services  
c/o Merchants' Credit Guide Co  
223 W. Jackson St., Suite 900  
Chicago, IL 60606

Palos Hospital  
12251 S. 80th Avenue  
Palos Heights, IL 60463

Palos Pathology Assocaites, Ltd.  
520 E. 22nd Street  
Lombard, IL 60148

Professional Practice Consultants,  
1515 W. 22nd St., Suite 850  
Oak Brook, IL 60523

Progressive Eye Care  
c/o Keynote Consulting  
220 W.Campus Dr., Suite 102  
Arlington Heights, IL 60004

Progressive Eye Care  
1020 E. Ogden Avenue  
Naperville, IL 60563

Radiology & Nuclear Cons  
7808 College Drive  
Palos Heights, IL 60463

Radiology & Nuclear Cons  
c/o Harris & Harris, Ltd.  
600 W. Jackson Blvd., Suite 400  
Chicago, IL 60661

Raymond Lutz  
607 Deerpath  
Lake Villa, IL 60046

Rehabilitaion Institute of Chicago  
c/o Pellettieri  
991 Oak Creek Drive  
Lombard, IL 60148

Rehabilitaion Institute of Chicago  
c/o Harris & Harris, Ltd.  
600 W. Jackson Blvd., Suite 400  
Chicago, IL 60661

Rehabilitation Institute of Chicago  
326 W. Illinois Street  
Chicago, IL 60610

Rehabilitation Institute of Chicago  
345 E. Superior #1146  
Chicago, IL 60611

Revenue Production Management, Inc.  
P.O. Box 830913  
Birmingham, AL 35283-0913

Revenue Production Management, Inc.  
P.O. Box 925  
Rosemont, IL 60018-0925

Robert S. Sprinkle  
c/o John Galich  
14535 John Humphrey Drive  
Orland Park, IL 60462

Roy Bickley  
104 W. Illinois Street  
Wheaton, IL 60187

Roy bickley

Russell Davis  
PM 1040  
8533 Church Ranch lvd  
Westminster, CO 80021

Silver Cross Hospital  
c/o Fischer Mangold  
25259 S. Reed Street  
Channahon, IL 60410

Silver Cross Hospital  
25259 S. Reed Street  
Channahon, IL 60410

Southwest Cardiovascular  
c/o MidAmerica Cardiovascular  
18200 S. Lagrange Rd.  
Tinley Park, IL 60477

Southwest Neurological Consultants  
c/o I.C. System  
P.O. Box 64378  
Saint Paul, MN 55164

Southwest Neurological Consultants  
7350 College Drive, Suite 103  
Palos Heights, IL 60463

State Farm Financial Services  
3 State Farm Plaza  
Bloomington, IL 61710

Steven Sprinkle  
11916 Southwest Highway  
Palos Park, IL

Suburban Radiologists, S.C.  
1446 Momentum Place  
Chicago, IL 60689-5314

Univ of Chicago Physicians Group  
75 Remittance Dr., Suite 1385  
Chicago, IL 60675-1385

Univ of Chicago Physicians Group  
c/o ICS  
P.O. Box 646  
Oak Lawn, IL 60454-0646

Zahn Dental Company, Inc.  
135 Duryea Road  
Melville, NY 11747-3824